

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 94A
Registered No. 210

1. PLACE OF BIRTH

County Maricopa State Arizona
Township Phoenix or Village Phoenix St. Washington Ward 1
City Phoenix (If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. 69 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Asela Lopez Guignard (Supplemental report, as directed)

Sex Female If plural births None 4. Twin, triplet, or other None 6. Premature Yes 7. Date of birth Aug 7 1932
Full term Yes (Month, day, year)

18. Full maiden name of MOTHER Asela Lopez

10. Residence (usual place of abode) (If nonresident, give place and State) Phoenix, Arizona
19. Residence (usual place of abode) (If nonresident, give place and State) Phoenix, Arizona

11. Color of hair Black 12. Age at last birthday 27 (Years) 20. Color of eyes Black 21. Age at last birthday 24 (Years)

13. Birthplace (city or place) (State or country) Mexico 22. Birthplace (city or place) (State or country) Mexico

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work Aug 1932 25. Date (month and year) last engaged in this work Aug 1932
17. Total time (years) spent in this work 19 26. Total time (years) spent in this work 19

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 9 months 29. Cause of stillbirth Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at Phoenix, Arizona on the date Aug 7 1932

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report 182-507-139 (Date of)

Signed Edward D. Brainerd M.D.
or Mary E. Coy Midwife

Address Phoenix, Arizona
Filed Oct 10 1932 C. C. Johnson

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.